NDA 20-516/S-004 NDA 20-601/S-002 NDA 20-602/S-003 NDA 20-603/S-002

McNeil Consumer Healthcare Attention: Janet Uetz Associate Director, Regulatory Affairs 7050 Camp Hill Road Fort Washington, PA 19034

Dear Ms. Uetz:

Please refer to your supplemental new drug applications dated June 1, 1998, received June 2, 1998, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act, providing for revised labeling for the following products:

NDA 20-516/S-004 Children's Motrin (ibuprofen) oral suspension 100 mg/5 mL; NDA 20-601/S-002 Children's/Junior Strength Motrin (ibuprofen) chewable tablets, 50 and 100 mg;

NDA 20-602/S-003 Junior Strength Motrin (ibuprofen) tablets, 100 mg; and NDA 20-603/S-002 Childrens Motrin (ibuprofen) drops, 50 mg/1.25 mL.

We also acknowledge receipt of your communications dated October 23, 1998 and February 19, 1999.

We have completed the review of these supplemental new drug applications, as amended, and have concluded that adequate infonnation has been presented to demonstrate that the drug products are safe and effective for use as recommended in the draft labeling dated June 1, 1998. Accordingly, these supplemental new drug applications are approved effective on the date of this letter.

For each supplemental NDA, please submit 20 copies of the FPL as soon as it is available, in no case more than 30 days after it is printed. Please individually mount ten of the copies on heavy-weight paper or similar material. For administrative purposes, these submissions should be designated as FPL for approved supplemental NDA 20-516/S-004, 20-601/S-002, 20-602/S-003, 20-603/S-002, as applicable. Approval of these submissions by FDA is not required before the labeling is used.

As agreed during the telephone conversation of February 11, 1999, between Kerry Rothschild and Willie Pagsuyuin, and confirmed in Mr. Pagsuyuin's letter of February 19, 1999, the

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following revisions in the labeling of each product will be made at the time of the next printing or within 180 days of receipt of an approval letter, whichever comes first:

- 1. The header "Important" should be deleted. The phrase "Do not exceed recommended dose..." should be revised to read "Do not take more than directed." This should be placed under the "Directions" section as the first bullet. The second sentence following "Do not exceed recommended dose" should be deleted.
- 2. The storage statement should be modified to read "Store between 20°-25°C (68°-77°F)."
- 3. The flag statement "See New Label" should be removed after 6 months.

You are further reminded that the "Aspirin Sensitive Children" statement should have been replaced with the "Allergy alert" statement required by the agency's letter of September 15, 1998. in accordance with the time frame outlined in that letter.

Please also reformat the labeling of these products in accordance with the provisions of the March 17, 1999 FEDERAL REGISTER document "Over-The-Counter Human Drugs; Labeling Requirements; Final Rule" (64 FR 13254).

Should additional information relating to the safety and effectiveness of these drugs become available, further revision of the labeling may be required.

This approval affects only those changes specifically submitted in these supplemental new drug applications. Other changes that may have been approved or are pending evaluation are not affected.

In addition, please submit three copies of the introductory promotional materials that you propose to use for these products. All proposed materials should be submitted in draft or mock-up form, not final print. Please submit one copy to this Division and two copies of both the promotional materials and the package inserts directly to:

Division of Drug Marketing, Advertising, and Communications, HFD-40 Food and Drug Administration 5600 Fishers Lane Rockville, Maryland 20857

If a letter communicating important information about any of these drug products (i.e., a "Dear Health Care Practitioner" letter) is issued to physicians and others responsible for patient care, we request that you submit a copy of the letter to the subject NDA and a copy to the following address:

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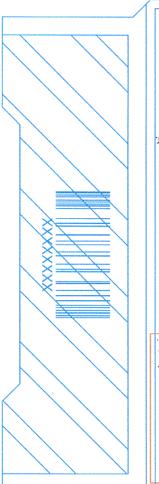
> MED WATCH, HF-2 FDA 5600 Fishers Lane Rockville, MD 20857

We remind you that you must comply with the requirements for an approved NDA set forth under 21 CFR 314.80 and 314.81.

If you have any questions regarding these applications, please contact Kerry Rothschild, Esq., Regulatory Project Manager, at (301) 827-2284.

Sincerely yours,

Linda M. Katz, M.D., M.P.H.
Deputy Director
Division of Over-the-Counter Drug Products
Office of Drug Evaluation V
Center for Drug Evaluation and Research



reach of children. In case of accidental overdose, seek profes-sional assistance or contact a poison control center immediately. cause serious health problems. Keep this and all drugs out of the mended dose (overdose) may not provide more relief and could Do not exceed recommended dose. Taking more than the recom-

- If blister unit is broken or open.
- continued vomiting, diarrhea or lack of fluid intake. If your child is dehydrated (significant fluid loss) due to
- For stomach pain unless directed by a doctor. Por more than **3 days** for fever or pain unless directed by a doctor.
- With any other product that contains ibuprofen, or any other

- · Yuy new symptoms appear.
- The time does not get any rener within that day (24 hours) of treatment, or pain or fever gets worse.

 Stomach upset gets worse or lasts.

 Sone throat is severe, lasts for more than 2 days or occurs with fever, headache, rash, nausea or vomiting.

 Any new symptoms appear
- Your child does not get any relief within first day (24 hours) fever reducers or pain relievers.
- Your child has problems or serious side effects from taking or is taking any other drug.
- Your child is under a doctor's care for any serious condition

CALL YOUR DOCTOR IF:

ing a single dose or any subsequent dose in persons both with, and without, prior rescrion to Junior Strength Motin or other pain relievers/fever reducers. Any of these reactions could be serious. Stop using this product and get emergency medical help immediately. These reactions can occur after takin people allergic to aspirin or other pain relievers/fever reducers. contain aspirin, it may cause a severe reaction, similar to that listed above,

Severe allergic reaction which may include:

• wheezing (asthma) • shortness of breath • hives

• wheezing (asthma) • shortness of breath • hives

• swelling of the face • fast, irregular pulse or heartbeat

• changing color of the skin (shock)

• SPIRIV-SENSITIVE PATIENTS: Although Junior Strength Motin does not have a severe a severe cashen similar to that listed showe

ALLERGIC REACTIONS: Junior Strength Motrin may cause a

One Dose Lasts 6-8 Hours		
3	11	75-96
21/2	01-6	17-09
2	8-9	69-87
Consult Doctor	9 nabnU	8₽ 19puN
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CAPLETS WEIGHT AGE DOSING CHART

> while taking this product, give with food or milk. If stomach upset occurs yeb e semit A

- 6-8 hours. Do not use more than
- If needed, repeat dose every nze sãe
- Find right dose on chart below. If possible, use weight to dose; otherwise

toothaches sore throat, headaches and bajus que to colds, flu,

- Relief of minor aches and · Reduction of fever
 - USES: For Temporary:

in children only. ACTIVE INGREDIENT: Ibuprofen.

product is intended for use product information before using. Keep this box for important information. This IIB DESH :TNATAO9MI

EXP.



For Ages 6-11 Fever Reducer/Pain Reliever

For Ages 6–11

Junior Streng

Fever Reducer/Pain Reliever



100 mg Each

*Capsule-Shaped Tablets

Lasts up to 8 hours



EASY-TO-SWALLOW CAPLETS



number and expiration date.

Store at room temperature:
15°-30°C (59°-86°F) See opposite side panel for lo

polydextrose, polyethylene glycol, propylene glycol, sodium starch

nydroxypropyl methylcellulose

Inactive Ingredients: Carnauba wax, colloidal silicone dioxide, cornstarch, D&C Yellow #6,

Questions or Comments? Call toll free 1-800-962-5357 Or ask your Pharmacist, Doctor or other Health Care Professional